



## APPLICATION FOR APPOINTMENT TO COUNTY BOARD, COMMISSION OR COMMITTEE

Please fill out each section that applies to you as completely as possible. Additional information may be required for some boards, commissions and committees.

### Name of Board, Commission or Committee applying for:

For appointment to some boards and commissions, there is a requirement of property ownership within the subject area. If this requirement applies to your application, please indicate if you meet this requirement. ☐ Yes ☐ No

### Personal Information:

Your Name: First: \_\_\_\_\_ Last: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: ( ) - \_\_\_\_\_ Alternate Phone No.: ( ) - \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### Citizenship/Supervisory District Information:

Are you a citizen of the United States? ☐ Yes ☐ No If no, country of citizenship: \_\_\_\_\_  
 Are you a registered voter? ☐ Yes ☐ No If yes, county where you are registered: \_\_\_\_\_  
 Check the supervisorial district in which you reside: 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 4<sup>th</sup> ☐ 5<sup>th</sup> ☐

### Occupation:

Occupation/Title: \_\_\_\_\_  
 Name of Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Business Phone #: ( ) - \_\_\_\_\_

### Community and Civic Interests/Activities:


### Summarize qualifications for appointment (i.e., education, experience, licenses, etc.)


**Explain why you would like to serve on this board, commission or committee:**

**Please be advised that members of San Bernardino County boards, commissions and committees:**

- May be required to take an Oath of Office.
- Must comply with the County's Ethics Ordinance.
- Must participate in State-mandated ethics training.
- May be required to disclose financial interests.

I hereby certify that all statements in this application are true and complete to the best of my knowledge.  
I further certify that if I am appointed, I will serve fairly, impartially, and to the best of my ability.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please submit completed form to:  
Clerk of the Board of Supervisors  
385 North Arrowhead Avenue, 2<sup>nd</sup> Floor  
San Bernardino, CA 92415-0130*

**County Use Only – Do Not Write Below This Line**

**Clerk of the Board of Supervisors**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Date Referred to BOS: \_\_\_\_\_ BOS District: \_\_\_\_\_  
Deputy Clerk of the Board of Supervisors

**Board of Supervisors**

Received By: \_\_\_\_\_ Interviewed By: \_\_\_\_\_ Interview Date: \_\_\_\_\_

Recommend to Appoint: ☐ Yes ☐ No Chief of Staff: \_\_\_\_\_ Date: \_\_\_\_\_  
COS Signature

Comments: \_\_\_\_\_